

for spending bills under the law so that the money that the taxpayers are sending to Washington, D.C., they are aware of how that money is being spent.

This is 2014, Mr. Speaker. Leaving for the entire month of August was a tradition, as I have read, brought to this Chamber because of the extreme heat of Washington, D.C., prior to air-conditioning. But here we are in 2014, the building is air-conditioned and the lights are on. It is a relatively comfortable place to work. We could stay here and actually finish up some of the work of the people.

For example, in 1974, four decades ago, the Congress of the United States passed a budget act and the President signed into law a budget act that required the Congress to actually pass a budget and to do its spending bills and complete them by September 30. In four decades, here we are on the 40th anniversary of that law. In four decades, it has not happened even one time when the Congress did its work and completed its spending bills within the amount of time allotted under the law. The American people are struck by that.

How can the Congress of the United States ignore the law? How can the Congress of the United States say we are going to find ourselves in agreement, Democrats and Republicans, House and Senate and the President, and we are going to agree to do these things? Well, quite frankly, the law had one weakness: it had no enforcement trigger in it.

A few years ago, a good friend of mine, a gentleman from across the aisle, Congressman JIM COOPER from Nashville, Tennessee, wrote a piece of legislation called No Budget, No Pay. A couple of years ago, we finally signed that bill into law—a part of it into law—and for the first time since I have been in Congress, the Senate of the United States actually passed a budget because they found out that if they didn't, there would be an enforcement trigger that happened.

I have recently written a bill called the Do Your Job Act, which would require the Congress to do all 12 of the spending bills prior to the end of the year or they can't recess for more than 24 hours. They have to stay here and do their job so the American people can see firsthand what our priorities are.

I came to Congress in 2011, and in the 4 years I have been here, we have been required by law to pass 48 spending bills. The U.S. Senate, in those 4 years' time, has passed two. The House has done quite a bit better. They have passed 24. But they are required to pass 48. This year, the Senate has passed zero. They have done none. The House of Representatives has passed seven, and has referred another four out of committee that are ready to go. We ought to stay here and pass those bills and send them to the Senate.

Mr. Speaker, this is the people's House. We ought to be here doing the

people's business for the good of the American people. We should stay here and do our job.

#### HEALTH EQUITY AND ACCOUNTABILITY ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. ROYBAL-ALLARD) for 5 minutes.

Ms. ROYBAL-ALLARD. Mr. Speaker, on behalf of my colleagues in the Congressional Hispanic Caucus, the Congressional Black Caucus, and the Congressional Asian Pacific American Caucus, I rise to introduce the Health Equity and Accountability Act of 2014.

The Congressional Tri-Caucus, over the past 10 years, has been tireless in its effort to educate Congress and the country about the disproportionate burden of premature deaths and preventable illnesses existing in our minority communities. Towards that end, the Tri-Caucus developed a national strategy for the elimination of racial and ethnic health disparities. The key-stone of this strategy is the Tri-Caucus Health Equity and Accountability Act, first introduced in 2003 and every Congress since.

HEAA, in many ways, is unique. First, the bill and its introduction rotates each Congress among the three caucuses. This year, as chair of the CHC Health Task Force, I have the distinct honor of carrying on the tradition by introducing the bill for the 113th Congress.

Second, and most importantly, HEAA outlines the collective institutional knowledge of a diverse group of policymakers, health professionals, and advocacy organizations from throughout the country on what policies are needed to halt, reduce, and eliminate health disparities.

At the beginning of each new Congress, the HEAA working group convenes and several hundred minority and health advocacy organizations meet on a regular basis to discuss the bill and update it based on new research and recommendations to meet the ever-changing needs of our Nation's most vulnerable populations.

Also, just as the bill introduction rotates each Congress between Member offices, the leadership of the HEAA working group rotates among advocacy organizations. In the 113th Congress, this effort was spearheaded by the National Latina Institute for Reproductive Health, whose members I commend for their deep commitment to social justice and for their tireless work on this bill, which included coordinating the input of over 350 health and minority advocacy groups.

The HEAA is a principled living road map that can be used by policymakers and providers alike. For example, the Affordable Care Act contains many groundbreaking policies first introduced in HEAA, including expansion of Medicaid eligibility, increased resources for community health centers,

and institutionalizing Federal efforts to achieve health equity.

Nevertheless, while the ACA has made a significant impact on access to quality health care, many inequities and obstacles remain that prevent the elimination of health disparities in our country. That is why the HEAA of 2014 provides Federal resources and advanced policies to improve health outcomes in all populations regardless of race, ethnicity, immigration status, age, ability, sex, sexual orientation, gender identity, or English proficiency.

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The HEAA is made up of ten titles proposing a wide spectrum of health initiatives that address disparities and mental health and specific high impact minority diseases.

The bill also provides guidelines for improving the health outcomes for women, children, and families, and targets resources to communities striving to overcome negative social factors.

Finally, the bill includes recommendations to enhance data collection, technology, accountability, and evaluation; increase workforce diversity; and ensure access to culturally and linguistically appropriate care.

Mr. Speaker, the members of the Tri-Caucus and members of the HEAA working group believe no one's health or life expectancy should be determined by the color of their skin or the Zip Code in which they are born.

The Health Equity and Accountability Act of 2014 is a consensus blueprint of the most comprehensive and strategic plans to eliminate health disparities in our country.

I urge my colleagues to support the Health Equity and Accountability Act of 2014.

#### RISE OF ISLAMIC FASCISM

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCCLINTOCK) for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, we are watching the rise of Islamic fascism on a scale unprecedented in modern times. It may be wrapped in different symbols and trace genealogy through a different line, but at its core, it is fascism. Listen to its virulent anti-Semitism, the explicit promise of genocide against Israel, the utter rejection—indeed, disdain—for fundamental principles of democracy and human rights and justice. There can be no doubt what is happening.

European fascism might have consumed all of Europe except for one gritty holdout: for more than a year Great Britain stood in the breach. Had it fallen, the consequences would have been unthinkable.

Today, one gritty holdout stands against the rise of Islamic fascism in the Middle East. Israel is the only island of democracy and civilization left in that region, and it is standing alone and in the breach.